2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N32301

1. Entity Name
ISLAND COUNTRY ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ISLAND COUNTRY ESTATES P.O. BOX 7923 JUPITER, FL 33458 US	ISLAND COUNTRY ESTATES P.O. BOX 7923 JUPITER, FL 33468-7923 US

01182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0122264
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WRIST, PETER E
7778 SE COUNTRY ESTATES WAY
JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PORTER, DOUGLAS
STREET ADDRESS	7934 SE COUNTRY ESTATES WAY
CITY-ST-ZIP	JUPITER, FL 334581045
TITLE	BMD
NAME	LEROSE, FRANK
STREET ADDRESS	7985 SE COUNTRY ESTATES WAY
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	SDVP
NAME	WRIST, PETER E
STREET ADDRESS	7778 SE COUNTRY ESTATS WAY
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	BMD
NAME	KEYES, RICHARD
STREET ADDRESS	7986 SE COUNTRY ESTATES WAY
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	BMDT
NAME	PAUL, ALICE
STREET ADDRESS	18856 SE RED APPLE LANE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/08-80011-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alice Paul 1/18/08 561-743-1029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #